



at other specialty training or schools

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Dates: From

To

### Duties

**EMPLOYMENT RECORD FOR PAST 10 YEARS**

From \_\_\_\_\_ Mo Day Yr To \_\_\_\_\_ Mo Day Yr  
Phone # \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYER**

**Position Held** \_\_\_\_\_  
**Reason For Leaving** \_\_\_\_\_

**SECOND PRIOR EMPLOYER**

Position Held \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_

**THIRD PRIOR EMPLOYER**

Position Held	Reason For Leaving

**FOURTH PRIOR EMPLOYER**

**Position Held** \_\_\_\_\_  
**Reason For Leaving** \_\_\_\_\_

**FIFTH PRIOR EMPLOYER**

Position Held	Reason For Leaving

EXHIBIT D

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN-TANK-FLAT-ETC.	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK				0
TRACTOR AND SEMI-TRAILER				0
TRACTOR AND TWO TRAILERS				0
OTHER				0

**LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS** (NOTE: A COPY of your valid drivers license or CDL must be attached for your application to be considered.)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE

**MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE.**

DATE	LOCATION (STATE)	CHARGE	PENALTY
NONE			

**ACCIDENT RECORD IF NONE WRITE NONE.**  
**LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE.**

DATE	TYPE VEHICLE	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE
NONE						

**STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS**

LIST ALL STATES: \_\_\_\_\_

**REFERENCES** (Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name _____	Relationship _____
Address _____	Phone # _____
2. Name _____	Relationship _____
Address _____	Phone # _____

**ACKNOWLEDGEMENT**

I give Swift Transportation, Inc. (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives, to respond to any inquiries made about me as part of a reference check by any subsequent or potential employer.

From time to time the company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and that any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post-accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Swift Transportation - App Manager Application

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**SWIFT**

APPLY WITH SWIFT



## Driver Application

### Personal Information

#### Contact Information

Recruiter:	<input type="text" value="Select a Recruiter's Name"/>		
Full Name:	<input type="text" value="First Name"/>	<input type="text" value="Middle"/>	<input type="text" value="Last Name"/>
*Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
*City:	<input type="text"/>	*State: <input type="text" value="Select a state"/>	*Zip: <input type="text"/>
In case of emergency, notify:	<input type="text"/>		
In case of emergency, Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Reference Name:	<input type="text"/>	Relationship:	<input type="text"/>
Reference Phone:	<input type="text"/>	Relationship:	<input type="text"/>
Reference Name:	<input type="text"/>	Relationship:	<input type="text"/>
Reference Phone:	<input type="text"/>	Relationship:	<input type="text"/>
*Day Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Night Phone:	<input type="text"/>		
*Email:	<input type="text"/>		
*SSN:	<input type="text"/>	*Best time to call:	<input type="text"/>
	<input type="text" value="Date of Birth #"/>	Month... <input type="text"/>	Day... <input type="text"/> Year... <input type="text"/> Age: <input type="text" value="Choose"/>

#### CDL Information

Do you have a CDL? <input type="radio"/> Yes <input type="radio"/> No	Drivers License Number:	<input type="text"/>
*Issue State:	*Expiration Date:	Month... <input type="text"/> Day... <input type="text"/> Year... <input type="text"/>
Previous Number:	Previous Issue State:	<input type="text" value="Select a state"/>
Previous Number:	Previous Issue State:	<input type="text" value="Select a state"/>
Previous Number:	Previous Issue State:	<input type="text" value="Select a state"/>
Previous Number:	Previous Issue State:	<input type="text" value="Select a state"/>

\*Check all that apply to your current CDL:

STC000101

EXHIBIT D

## Swift Transportation - App Manager Application

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- ☐ Class A      ☐ Class B      ☐ Class C      ☐ Hazmat  
☐ Tanker      ☐ Double      ☐ Triples

Can you perform the duties for the job? ☐ Yes ☐ No

## Driver Information

 Date Available:  Month...  Day...  Year...

Experience Level:

 Need to go to school to get Class A CDL

Check all that apply:

- ☐ I need training      ☐ I am a Driving School Graduate      ☐ I have a TWIC Card

 School name:  Graduation Date:  Month...  Day...  Year ...

## Education

What is the highest grade you've completed?

Did you graduate from college?

☐ Yes ☐ No

## Experience and Preference

\*Total OTR years:  None

## Trailer Type Experience and Preference

## TRAILER TYPE

Flatbed

Van

Tanker

Reefer

Hazmat

Qualcom Operations

Dropdeck

## EXPERIENCE

☐☐☐☐☐☐☐

## Employment History

☐ I am currently employed.

Number of jobs in last 10 years

Have you ever applied for work and/or worked for this company before?

☐ Yes ☐ No

## Current Employer

\*Employer name:

\*Address

Phone

\*City

\*State

 Select a state

\*Zip

\*Start date

 MM  YYYY

\*End date

 MM  YYYY

\*Position held

Supervisor

☐ You may contact this employer

STC000102

EXHIBIT D

## Swift Transportation - App Manager Application

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\*Reason left

Vehicle driven

## Previous Employer#1

\*Employer  
name :

\*Address

Phone

\*City

\*State

Select a state

\*Zip

\*Start date

MM

YYYY

\*End date

MM

YYYY

\*Position held

Supervisor

☐ You may contact this employer

Reason left

Vehicle driven

## Previous Employer#2

Employer name:

Address

Phone

City

State

Select a state

Zip

Start date

MM

YYYY

End date

MM

YYYY

Position held

Supervisor

☐ You may contact this employer

Reason left

Vehicle driven

## Previous Employer#3

Employer name:

Address

Phone

City

State

Select a state

Zip

Start date

MM

YYYY

End date

MM

YYYY

Position held

Supervisor

☐ You may contact this employer

Reason left

Vehicle driven

## Additional Employment Information

STC000103

EXHIBIT D



## Swift Transportation - App Manager Application

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## Driving History

## Tickets

List All Violations, Including Non-Moving Violations, For Past 5 Years. If None, Write None

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

Example: State, Date, Location(state), Charge, Operating Commercial or Non-Commercial, Penalty

## Accidents

List All Involvement With Truck And Car Including Property Damage For Past 5 Years. Including Preventable And Non-Preventable.

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle

STC000104

EXHIBIT D

## Swift Transportation - App Manager Application

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(Head On, Rear End, Upset, Ect.) Or Non-Preventable

Example: Date, Type, Nature Of Accident, Indicate Preventable, Fatalities, Injuries, Amount Of Property Damage, Vehicle (Head On, Rear End, Upset, Ect.) Or Non-Preventable

## Accidents in the Last 5 Years

Number of accidents involved

Number of preventable accidents

Number of roll-over accidents

## Tickets in the Last 5 Years

Number of tickets received

Number of reckless tickets

## Addition Driving History Information

## Criminal Record

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country?

☐ Yes ☐ No

If so, when...

Have you ever been convicted of a felony?

☐ Yes ☐ No

 Month...  Day...  Year...

Have you ever been convicted, or are any charges pending; for driving while under the influence, possession, or selling of alcohol, a narcotic drug, amphetamines or derivatives thereof?

☐ Yes ☐ No

 Month...  Day...  Year...

Have you ever used any illegal drug?

☐ Yes ☐ No

 Month...  Day...  Year...

Have you ever been convicted of a criminal offense?

☐ Yes ☐ No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes ☐ No

Has any license, permit or privilege ever been suspended or revoked?

☐ Yes ☐ No

Have you ever been refused any type of insurance or been denied bonding?

☐ Yes ☐ No

Have you ever tested positive or refused a test for drugs or alcohol?

☐ Yes ☐ No

Have you ever abandoned your equipment?

☐ Yes ☐ No

Have you ever been stopped while intoxicated?

☐ Yes ☐ No

Are you on probation or parole?

☐ Yes ☐ No

Criminal actions pending in which you are a defendant?

☐ Yes ☐ No

\*\* If you answered yes to any of the above, please explain in the comments box below.

Comments

STC000105

EXHIBIT D

## Swift Transportation - App Manager Application

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This certifies that this application was completed by me, and that all entries on it and information on it are true and complete to the best of my knowledge. I hereby request and authorize Swift Transportation and their agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold harmless of all liability all companies, agents and associated parties for the use of this application. As part of our consideration of your application, the DOT requires companies to investigate your employment background. As part of this investigation, they may obtain consumer reports about you from various consumer reporting agencies including USIS(DAC) and PSP Reports. Any decision they make not to hire you based on information contained in your consumer report will be their decision alone. DAC does not make any decisions concerning your employment with these companies and will not know the specific reasons why they may decide not to hire you. In the event you are not hired based on information contained in your consumer report, the companies themselves will tell you. We will also advise you of your right to obtain a free copy of the consumer report from DAC and your right to dispute the accuracy or completeness of your report. Your consent for these companies to obtain the report from DAC is required. Although you have a right to withhold your consent, companies will not consider your application if you withhold your consent.

I have read and agree to the above release and I give permission to obtain consumer reports about me from DAC.

☐ Yes ☐ No

Click and hold your left mouse button to sign at the X below.  
Use the **clear** button to reset your signature and try again.

**X**

**clear**

Submit Application

Cancel



STC000106

EXHIBIT D



YOU ARE HEREBY NOTIFIED THAT THE INFORMATION YOU PROVIDE IN THIS APPLICATION MAY BE USED, AND YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY INFORMATION AS REQUIRED BY PARAGRAPHS (d) AND (e) of § 391.23.\*

### YOUR RIGHTS REGARDING CERTAIN INVESTIGATIVE INFORMATION

Pursuant to 49 C.F.R. § 391.23(i)(1), all drivers with DOT regulated employment during the preceding three years from the date of this application have the following rights regarding the investigative information that is provided to Swift as required by 49 C.F.R. § 391.23 (d) and (e).

1. The right to review information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to the prospective employer; and
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

• The Federal Motor Carrier Safety Regulations ("FMCSR's") require Swift to obtain the following information on your application for employment:

1. The name(s) and addresse(s) of your employer(s) during the 10 years preceding the date of the application;
2. The dates you were employed by the previous employer(s);
3. The reason for leaving the employ of your previous employer(s);
4. Whether you were subject to the FMCSR's while employed by your previous employer(s); and
5. Whether your job was designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as set forth by 49 C.F.R. part 40.

Swift is also required by 49 C.F.R. § 391.23 (d) to investigate the following information from your previous employer(s) if you were employed to operate a commercial motor vehicle:

1. General driver identification and employment verification information;
2. The data elements as specified in 49 C.F.R. § 390.15 (b)(1) for accidents involving you that occurred in a three year period preceding the date of your employment application;
3. Any accidents defined by 49 C.F.R. § 390.15; and
4. Any accidents the previous employer may wish to provide that are retained pursuant to 40 C.F.R. § 390.15(b)(2) or pursuant to the employer's internal policy for retaining more detailed minor accident information.

Additionally, 49 C.F.R. § 391.23(e) provides that Swift must investigate the following information from all previous DOT regulated employers that employed you in a safety sensitive function that required alcohol and control substance testing specified in 49 C.F.R. part 40:

1. Whether within the previous 10 years you have violated the alcohol and control substances prohibitions under 49 C.F.R. § 382
2. Whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional; and
3. If you successfully completed a substance abuse professional's rehabilitation referral and remained in the employ of the referring employer, information on whether you had the following tested violations subsequent to the completion of the referral:
  - i. Alcohol tests with a result of 0.04 or higher alcohol concentration;
  - ii. Verified positive drug tests; and
  - iii. Refusals to be tested (including verified adulterated or substituted drug test results).

Swift must provide your previous employer with your written consent to release the information on paragraph (e). If you refuse to provide this written consent, Swift cannot permit you to operate a commercial motor vehicle.